

**DACTIVE** disability and active citizenship  
[www.dactive.eu](http://www.dactive.eu)

# Final Conference

Palazzo Vecchio – Firenze

28 September 2012

## From what needs the project and the work on tools arise?

The project partners identified the following issues relative to persons with intellectual disabilities:

- ⦿ the difficult to realize interventions for the development of the key competencies and specific (in implementing the indications of the European Council about training and education)
- ⦿ the difficult in identifying methodologies recognized in Europe that would actually promote the development of the fundamental competencies for the exercise the right of active citizenship and to search for jobs of quality

## What are the main needs and indications of the European Council that promote the work on the tools?

Since the Lisbon Conference (and the subsequent recommendations) the European Council has identified the following issues relative to the training systems of the member states.

- They were based on criteria which were not comparable, making the mobility between countries difficult
- **They appeared little connected with the world of work (is an individual who leaves a path be able to work immediately?), limiting job placement.**
- The systems of assessment of skills didn't seem to give importance to the global experiences of the individual (acquired in non-formal and informal contexts)
- Shared definitions relative to the meaning of competence lacked.

The answer of the European Council was to propose



the **meta EQF**, procedure, tools and languages that could represent common points of reference for the redefined of training systems of the countries

### The tools are based on:

- proposal of a common language between the different countries to describe the competencies (as basic unit of learning) and learning levels
- Definition of 8 levels of learning outcomes (knowledge, skills, autonomy, responsibility for each level) to which compare the courses of study
- definition of a set of principles to be shared during the process of development, recognition and validation of the competences (quality of the training process)
- Identification and definition of the key competences as the basis of all training processes

## Definition of competence (basic unit of all training processes)

- *Ability of the individual to integrate knowledge and skills for a performance*
- *A mix of knowledge, skills and aptitudes appropriate to the context*



Individual should leave training paths after the acquisition of competences immediately usable in the world of work and of the ability to produce adequate performance

## Definition of key competence

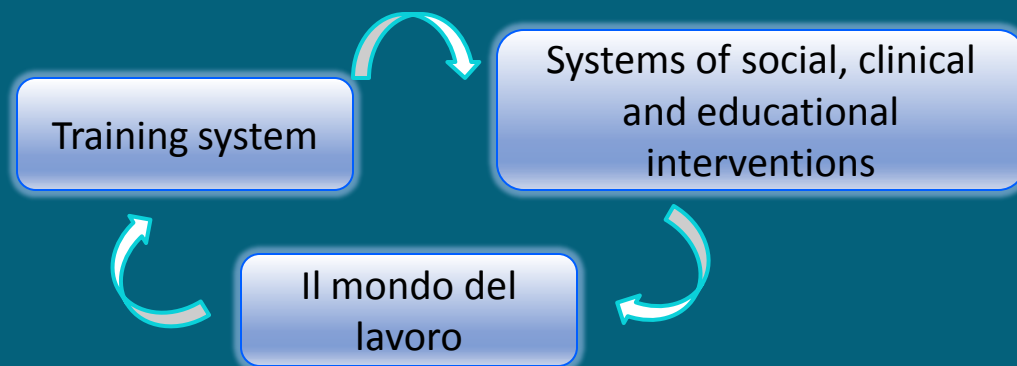
- **Key competences** are those which all individuals need for personal fulfilment and growth, active citizenship, social inclusion and employability: Communication in the mother tongue, communication in foreign languages, mathematical competence and basic competence in science and technology, digital competence, learn to learn, social and civic competences, sense of initiative and entrepreneurship, cultural awareness and cultural expression

- **Specialist competences** are those related to duties and specific qualifications.

The tools and the defined processes need subsequent interventions by countries for the identification of applicative tools (among the aims of Dactive)

The problems highlighted by the recommendations of the European Council (in relation to the general population, become more pronounced respect to people with disabilities

In relation to this target it seems necessary to create more connections between



In the processes of assessment and development of competences, it seems crucial to give attention to the **ability of the individual**, to not only produce performance but also play them in **different contexts**. People with this kind of disability are often placed in protected situation or in training processes with special modalities of accompaniment. They will be able to play their performance in other contexts?

To meet this needs Dactive aimed at creating and test **tools and applicative models of intervention, multidimensional and integrated**, in education and training, from a tool previously used in clinical and social contexts: *International Classification of Functioning, Disability and Health*, known as **ICF** (recommended by WHO).

What are some of the point of connection between the principles branched by the European Council and the principles of ICF?

- Attention to performance
- Attention to participation
- Attention to context
- Effective ability to produce performance within contexts and relying on contexts



With the use of the ICF and other tools it can be possible to have an overall picture of the individual:

- Competence assessment and evaluation of privileged learning channels
- Analysis of resources, problems and characteristics of individual
- Facilitating or hindering factors of the context



These elements can be crucial to set **training courses, educational interventions, placement process.**

## The **aims** of Dactive were related to:

- the development of **alternative learning approaches** in order to integrate marginalized and disadvantage people (in particular people with intellectual disabilities) in the society and in the world of work
- the development of systems that allow the **sharing of good practices** in education of people with disabilities
- the promotion of **learning opportunities** based on participation in activities in the local community

## Specific aims:

- create and test applicative models, work tools, training course models that can develop possibilities for people with intellectual disabilities in exercising their **right to active citizenship**
- make the **models** and the **tools usable, reproducible and available in Europe** for professionals, educators, public and private training and education institutions, families and associations of people with disabilities themselves.



The created products include tools usable in training context but not only:

- Trough the initial research an **evaluation system** was identified; it allows to build a profile of the individual
- The evaluation protocol was further refined in a summary sheet, available on the *City Handbook* which can be used as a tool for the **initial and final evaluation** relative to a course – it provides a global picture of the individual with respect to skills, competences, the context (facilitating or hindering), the previous formal, non formal, informal experiences
- EDU Handbook is a useful tool for the **development of the skills** of the actors in context – as develop competences of the educators who work with the target
- CITY Handbook is a tool that offers **practical and application tools** for the building of courses addressing people with disabilities
- The **website** is a mean of exchange among operators, professionals, families, ecc ...

Below we speak about the tools used for the building of profiles, to which then bind evaluation systems centred mainly on practical tests.

They can be used for:

- ✓ Initial evaluation for begin training courses and paths
- ✓ Evaluation of the effectiveness of the interventions
- ✓ Evaluations as integration of diagnosis for access to structures
- ✓ Building a profile or a framework of the individual useful for scheduling activities

## Tools

- **ICF**: it allows to outline a general framework of health and functions of individual, useful for placement of people with disabilities in social and educational centres and for training programs; it is also in line with the key competences proposed by the European Parliament (2006) and it is accepted as one of the classifications of the United Nations.

## Specific tools

WHODAS II

CaRRI

WHOQOL

CBI

# ICF International Classification of functioning, Disability and Health (WHO, 2002)

## Aims of ICF:

- provide a scientific basis for understanding and studying health;
- establish a common language for describing health and related conditions to improve communication between different users;
- allow comparison between data gathered in countries, disciplines, services and different period;
- provide a systematic coding scheme for health information systems.

## Applications:

- Statistical tool: in gathering and recording of data;
- Research tool: to measure findings, QoL or environmental factors;
- Clinical tool: in assessment of needs, in matching treatments and specific conditions, rehabilitation and evaluation of findings;
- Social policy tool;
- Educational tool: programming curricula and improving awareness and social actions;
- Tool for implementation of international mandates in defence of human rights.



## WHODAS II (36 item)

The Whodas II has been developed by WHO (2000) to better understand the difficulties that people experience because of their health conditions.

This tool assesses the functioning of individual in 6 areas of daily life:

- Understanding and communicating
- Getting around
- Self care
- Getting along with people
- Life activities
- Participation in society

## WhoQoL (24 item)

The WhoQoL assesses the characteristics of the individual relative to QoL, perceptions of own position within the context in which he/she lives and value systems, the effectiveness of various treatments and the change in quality of life between different cultures.

The WhoQoL provides a multidimensional profile of the areas and aspects of quality of life:

- ❖ Domain I – Physical Environment
- ❖ Domain II – Psychological Environment
- ❖ Domain III – Social Relationships
- ❖ Domain IV – Environment

Scores are expressed as 0 (zero) to 100 (one hundred): low/high quality of life.

## Caregiver Burden Inventory (CBI, 24 item)

CBI is a tool that allow assessing stress level due to caregiving , developed for caregiver of patients with Alzheimer's disease and related dementias. It is a self-report tool, compiled by the principal caregiver.

CBI is divided in 5 sections and it allow to evaluate different factors of stress:

- 1 – *objective burden*: dependent on time required by caregiving (item 1-5)
- 2 – *psychological burden*: caregiver's perception of being cut off, with respect to expectations and opportunities of their peers;
- 3 – *physical burden*: feelings of chronic fatigue and somatic health problems;
- 4 – *social burden*: perception of a role conflict;
- 5 – *emotional burden*: feelings toward the patient which could be caused by unpredictable behaviour and bizarre.

CBI allows a graphic profile of the caregiver's burden in different domains, to compare different individuals and observe immediately the changes over time.

## Caregiver Role Relation Interview (Ca.R.R.I.)

The aim is to deeply understand the relation between caregiver (CG) and carereceiver (CR), relying on an epistemological constructivist reference.

Caregiver is encouraged to reflect on emotions felt towards the carereceiver (and vice versa), the possible explanations, the needs of caregiver and carereceiver, the future relation with carereceiver from an idealistic and realistic point of view.

These aspects are divided in 5 sections:

- **Needs of CR and support**
- **Emotions of CR**
- **Emotions of CG**
- **Change**
- **Future relation**

The gathered information allow on one hand to increase the understanding and the awareness of various aspects of the relationship with the carereceiver and on the other hand to obtain indications on possible and desirable interventions that could improve both the relationship between carereceiver and caregiver and the satisfaction of their needs, and thus have a positive impact on their quality of life.



## Profile

**ICF**: it is possible to delineate a framework of mental functioning (awareness and intellectual functioning); knowledge, tasks and communication (attention, read, write, calculate, problem solving, tasks, communicate verbally and through writing); autonomy (mobility, self-care, domestic life); interpersonal relationships (social skills); environmental products and technologies (use of products and substances for personal consumption as food and drugs, transport within various environments and outside, communication); physical environment; relation and support (physical, emotional by family, friends, operators).

**WHOQOL**: it is possible to delineate a framework of the quality of life perceived by individual (satisfaction with physical protection, safety, domestic environment, economic resources, opportunities to acquire information and learn new skills, recreational events, transports, physical environment, psychological and physical condition, interpersonal relationships, social support). It allows to detect differences in the QoL perceived before and after the training course, both between participants from the same country and between participants from different countries.



## Profile

**CBI:** it is possible to delineate a framework of the burden perceived by the caregiver (stress related to objective, psychological, physical, social and emotional level).

**CaRRI:** it is possible to delineate a framework of the relationship between CG and CR (dependence perceived by CG, perceptions of changes in the relationship, consideration of the future, perception of the needs of the CR, typical emotions of the relationship).

The **profile** resulted from the initial evaluation system, allows to delineate a global framework of individual which includes competences and skills; of the context in which individual lives (facilitating/hindering factors); of the previous formal experiences, non formal and informal.

This profile can be used as a tool for the **initial and final assessment of a course** and it can provide indications on possible and desirable **interventions** which can improve competences and ability of the individual, the relationships with others individuals and the context.

**THANK YOU**

**FOR YOUR ATTENTION**